

2017 Totus Tuus Youth Program (1st-6th Grades) * INDIVIDUAL REGISTRATION FORM

Please complete ONE form for each child, & return before June 9 online or in the parish office. (816) 645-7925 dgeisinger11@gmail.com

Diocese of Kansas City – St. Joseph
(Please Print Below)

I. Event Information

Parish/School/Organization Name: St. Andrew the Apostle Parish Event: Totus Tuus Youth Program

Student Drop-Off Location: School Entrance (Grades 1-6)

Date/Time for Grades 1-6: Monday, June 19th thru Friday, June 23th, 9am – 3pm

Parent or Guardian's name who is responsible for picking up student: _____

Participation Cost: Before June 9th \$45 / student, \$75 / 2 students, \$90 / 3 students or more students for grades 1-6:

After June 10th: Regular registration cost + \$10/student late fee

Participation Cost Total Turned into Parish Office: _____ Check # _____

*Payment: If writing a check, please make payment out to "St. Andrew the Apostle Parish" with a memo to "Totus Tuus."

II. Participant Information

Name of Participant: _____

Gender: _____ Date of Birth: _____ Grade Level for the 2017-2018 School Year: _____

Name of Parent/Guardian: _____

Home Telephone: _____ Mobile #1: _____ Mobile #2: _____

Parent E-mail: _____ Emergency Contact (Name/Phone): _____

III. Participant Information (Health)

Are you in general good health & able to participate in normal activities? Yes ___ No ___ If No, please describe your limitations. Use separate sheet if needed.

Medications: List any medications you take and frequency of dosage. Also, please list any over-the-counter medications you will be bringing to the event.

Prescriptions/Dosage: _____

Over-the-Counter: _____

Diet: Please list any special dietary needs. _____

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: _____

All immunizations up-to-date? _____ YES _____ NO Date of Last Tetanus Booster: _____

Physician's Name: _____

Telephone: _____ Address: _____

Participant's Health Insurance Provider: _____

Policy or Group# _____

Primary Policyholder Name: _____

IV. Permission of Parent/Guardian

I/ We, (Parents/Guardians) of the student(s) _____ request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/ We (Parents/Guardians) of the student(s) _____ give my/our permission to the sponsoring Diocese/Parish/ School/Organization to take photographs, video or digital images of Participants during the Event for future promotional purposes.

V. Consent for Disclosure to Individual Involved in the Care and Treatment of Participant

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

_____ to receive any and all individually identifiable health information about the past, present, and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

_____ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph & St. Andrew the Apostle Parish & School, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

TOTUS TUUS VOLUNTEERS NEEDED!

There are several volunteer needs to help run a smooth and fun program for the youth! Please check the available options below if you are interested to help. For any questions, please contact Joe Robertson in the parish office at (816) 453-2089 ext 316 or jrobertson@sataps.com. Thank you very much!

A. CLASSROOM HELPERS

_____ I am interested to assist the Totus Tuus team with the 1st-2nd graders.

_____ I am interested to assist the Totus Tuus team with the 3rd-4th graders.

_____ I am interested to assist the Totus Tuus team with the 5th-6th graders.

B. LUNCH HELPERS

_____ I am interested to help during the day program's lunchroom times (getting lunchboxes out of fridge, pouring drinks, cleaning the tables, sweeping floors, refilling water/lemonade coolers, etc)

_____ I would like to provide the four Totus Tuus team members with lunch on one weekday at noon at the Parish Hall. Type of food: _____

SAFE ENVIRONMENT PROGRAMS TRAINING

Only complete this safety section if you are volunteering with the Totus Tuus youth...Before working with the youth, each volunteer (adults & high school helpers) must take Virtus training. All adults must also complete a background check form through the parish office.

A. PROTECTING GOD'S CHILDREN (VIRTUS) TRAINING

Have you taken a Virtus training class previously? Y _____ N _____ If yes, please state the parish, diocese, state, and date. If you can bring in a copy of your Virtus certificate, that is ideal. _____

B. BACKGROUND CHECK FORM

Have you completed a background check through St. Andrew's Parish? Yes _____ No _____ If not, the parish office will e-mail you a form to be filled out. A new background check is completed on volunteers every five years.